MARYLAND STATE DEPARTMENT OF HEALTH

1114

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun RD. — LENGTH OF STAY (In this place) 44 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun. Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HOWELL	REA	BRICKLEY.	11	25	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	Married	11-5-1906	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer.	Farm Owner	Cecil Co. Md.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Howard Brickley	Mary Bride

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
No		Mrs. Nellie Brickley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation by hanging

9748 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 164a (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Rising Sun RD	Cecil	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☒	Not while at work ☐	HOW DID INJURY OCCUR?
11	25	50	a.m.			Hung himself in barn.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr R L Dodson	Dr M D	Rising Sun Md.	11-28-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Dec. 1. 1950	Ebenezer	Rising Sun. Rural.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 30-50	L. M. Worthington	J. E. Tyson.	Rising Sun. Md.

VS. A15A

RECEIVED
DEC 4 1950
BUREAU

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11149

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED (Type or Print) (First) Mabel (Middle) Tyson (Last) Cameron

4. DATE OF DEATH (Month) Nov (Day) 19 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 6-25-79
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (State or foreign country) Bay View, Cecil Co., Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Abel T. Tyson
14. MOTHER'S MAIDEN NAME Mary E. White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. --
17. INFORMANT AND ADDRESS Abel C. Cameron North East, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral apoplexy	3 days
592X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic interstitial nephritis	5 years
131a	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous Coronary thrombosis

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

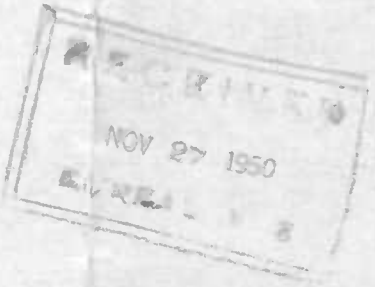
21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 16, 1950, to Nov 19, 1950, that I last saw the deceased alive on Nov 19, 1950, and that death occurred at 11.15 A m., from the causes and on the date stated above.

SIGNATURE H. Arthur Cantwell (Degree or title) MD ADDRESS North East Maryland DATE SIGNED Nov 21/1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-22-50
NAME OF CEMETERY OR CREMATORY Methodist
LOCATION (City, town, or county) (State) North East, Cecil Co., Md

DATE REC'D BY LOCAL REG. Nov 21
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR Joseph R Grant ADDRESS North East, Maryland


RECEIVED
NOV 27 1950

11150

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:

County: Cecil

City or town: Elkton

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 60 years

Hospital, institution, or street address where death occurred: 237 E High St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Cecil

City or town: Elkton

(If outside city or town limits, write RURAL and give nearest town)

Street No. 237 E. High St

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Dollie J. Daniels

3. (b) Social Security Number none

4. Sex: Female

5. Color or race: Colored

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Frank Daniels

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 6 1879

8. AGE: Years: 71 | Months: | Days: | If less than one day ..... hrs. ..... min.

9. Birthplace: Summit Chredge Delaware (Town, county, and state)

10. Usual occupation: Domestic

11. Industry or business: Private Home

FATHER

12. Name: Unknown

13. Birthplace: "

MOTHER

14. Maiden name: Catherine Frisby

15. Birthplace: Delaware

16. Informant: Elizabeth Daniels

Address: 237 E. High St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 11/13/50 (month) (day) (year)

Cemetery or crematory: Providence Cemetery

Location: Elkton Md.

18. Funeral director: Edw R Bell

Address: 909 Poplar St Wel. Dela

19. Nov 13 1950 (Date rec'd by registrar) F R Frazier Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH November 8 1950 at 7:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20 1950 to November 8 1950 and that I last saw her alive on November 8, 1950

Immediate cause of death: Cerebral Accident — DURATION: 1 day

Due to: Hypertension

Due to: 331X

Other conditions: 83a (Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: James L. Johnson M.D. (M. D. or other)

Address: Elkton Md. Date signed 11/11/50

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 15 1950
BUREAU OF S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11151

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 7yr. 7mos. 28days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELMER	C.	DEAVER	Nov.	29,	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	Single	5-17-1894	56 yrs.	6	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	--	Baltimore, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Deaver	Ruth Watts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW I	None	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, bronchial, bilateral	3-4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	due to (b) Valvular heart disease, chronic, severe, aortic stenosis, calcified type	
411X 92a	(c) (Rheumatic fever history not obtained)	Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
--	--	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--		--		

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
--			m.		--

22. I hereby certify that I VA attended the deceased from Apr. 1, 1943, to Nov. 29, 1950, that I last saw the deceased ~~alive on [illegible]~~, and that death occurred at 4:00 PM., from the causes and on the date stated above.

SIGNATURE E. P. BRANNON, M.D. (Degree or title) — ADDRESS Chief, Professional Services, VAH, Perry Point, Md. — DATE SIGNED 12-1-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	12-1-50	Baltimore National Cemetery, Baltimore, Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 1, 1950	Irene E. Daugherty	Pennington & Son	PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
DEC 5 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11152

CERTIFICATE OF DEATH

Reg. Dist. No. 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora, Md. | LENGTH OF STAY (in this place) 31 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colora
STREET ADDRESS (If rural give location) near Harrisville

3. NAME OF DECEASED (Type or Print): (First) Herbert (Middle) W. (Last) Densmore
4. DATE OF DEATH: (Month) November (Day) 9 (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: Nov. 30, 1918
9. AGE last birthday: 31 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver
10b. KIND OF BUSINESS OR INDUSTRY: Trucking Bus.
11. BIRTHPLACE (State or foreign country): Colora Md.
12. CITIZEN OF WHAT COUNTRY: U.S.
13. FATHER'S NAME: Harry Densmore
14. MOTHER'S MAIDEN NAME: Mary Jane Krouse
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 214-18-5258
17. INFORMANT: Mary Jane Densmore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 8 weeks

331X 830 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 22, 1950, to Nov 9, 1950, that I last saw the deceased alive on Nov 7, 1950, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H. Lamar Lease — Harrington Md. — 11/10/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Nov. 12, 1950 | NAME OF CEMETERY OR CREMATORY: Brookview Cemetery | LOCATION (City, town, or county): Rising Sun | (State): Md.

DATE REC'D BY LOCAL REG. Nov 10-1950 | REGISTRAR'S SIGNATURE: L M Worthington

24. FUNERAL DIRECTOR — ADDRESS: Ralph M. Reed, Rising Sun, Md.

42050

RECEIVED
NOV 11 1950
BUREAU OF

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11153

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural. LENGTH OF STAY (in this place) 1 year.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pa. COUNTY Burks.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mohrsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOSIE (Middle) AMELIA (Last) DISE

4. DATE OF DEATH (Month) 11 (Day) 18 (Year) 1950

5. SEX Fi. 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow 8. DATE OF BIRTH 2-12-1866 9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Clearfield Co Pa 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME Godfrey Fisher 14. MOTHER'S MAIDEN NAME Margaret Heichel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS Helen Potter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac Asthma

422,2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis

93d (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

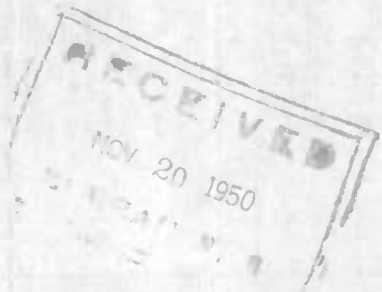
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-18, 1950, to 11-18, 1950 that I last saw the deceased alive on 11-18, 1950, and that death occurred at 6.35 a. m., from the causes and on the date stated above.

SIGNATURE R. C. Dodson (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 11-18-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Nov. 21, 1950 NAME OF CEMETERY OR CREMATORY Hametown Lutheran LOCATION (City, town, or county) (State) Hametown York, Pa.

DATE REC'D BY LOCAL REG. Nov 18 1950 REGISTRAR'S SIGNATURE L M Worthington 24. FUNERAL DIRECTOR H. Geiple & Son Per Geo E Geiple ADDRESS Glen Rock, Pa.


RECEIVED
NOV 20 1950

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11154

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Warwick
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) (Last) DORSEY

4. DATE OF DEATH: (Month) 11 (Day) 1 (Year) 1950

5. SEX: F. | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: about 1860 | 9. AGE last birthday: 90 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Private Nurse
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cecil Co. Md
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Patrick Dorsey.
14. MOTHER'S MAIDEN NAME: Honorine Sheehan.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: C R Crudley M.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.2 **Immediate cause** (a) Pulmonary Oedema.

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Dr R L Dodson (Degree or title) DME — ADDRESS: Rising Sun Md. — DATE SIGNED: 11-1-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11/4/50 — NAME OF CEMETERY OR CREMATORY: Old Bohemia — LOCATION (City, town, or county) (State): near Warwick Md

DATE REC'D BY LOCAL REG.: Nov ✓ — REGISTRAR'S SIGNATURE: F. Frazer

24. FUNERAL DIRECTOR: G. Justus Daniels — ADDRESS: Middletown Del

52096

RECEIVED
NOV 6 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11155

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 2 months 0 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Delaware; COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bridgeville
STREET ADDRESS (If rural, give location): R.F.D. #1

3. NAME OF DECEASED (Type or Print): (First) WINFIELD (Middle) - (Last) FLETCHER

4. DATE OF DEATH: (Month) Nov. (Day) 25 (Year) 1950

5. SEX: male

6. COLOR OR RACE: negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-27-1896

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days: If under 24 hrs.: Hours / Min.: 8 / 28

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Rhodesdale, Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown - deceased

14. MOTHER'S MAIDEN NAME: Unknown - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, bronchial, bilateral	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

491 X
107

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized, moderate

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: --
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): --
(CITY OR TOWN): --
(COUNTY):
(STATE):

TIME OF INJURY: (Month) (Day) (Year) (Hour): -- m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?: --

22. I hereby certify that I VA attended the deceased from Sept. 25, 1950, to Nov. 25, 1950, ~~that I last saw the deceased~~ ~~divorced~~, and that death occurred at 5:50 PM m., from the causes and on the date stated above.

SIGNATURE: E. P. Brannon (Degree or title) ADDRESS: E. P. BRANNON, M.D., Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED: Nov. 30, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 11-30-50
NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery
LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: Nov. 30, 1950
REGISTRAR'S SIGNATURE: Irene E. Daughaday
24. FUNERAL DIRECTOR: Pennington & Son
ADDRESS: PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
DEC 2 1950
U. S.

11156

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Elkton
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elenon Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cherry Hill
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Estelle (Middle) M. (Last) Foster
4. DATE OF DEATH (Month) 11 (Day) 12 (Year) 1950

5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-13-1902
9. AGE last birthday 47 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elkton Md.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME William H. Marcus.
14. MOTHER'S MAIDEN NAME Martha Crowe.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Norman Foster.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

812.5 Immediate cause (a) Fracture base of skull.

170c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured left clavicle & left ribs. Perforating wound left upper arm. (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 280 (CITY OR TOWN) Cherry Hill (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) 11 (Day) 12 (Year) 50 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Was hit by Car on Road.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. C. Dodson (Degree or title) M.D. D.M.E. ADDRESS Rising Sun Md DATE SIGNED 11-12-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-16-50
NAME OF CEMETERY OR CREMATORY Elkton Cemetery
LOCATION (City, town, or county) Elkton (State) Md.

DATE REC'D BY LOCAL REG. Nov 16
REGISTRAR'S SIGNATURE F. R. Frazer
24. FUNERAL DIRECTOR H. W. Pippin & Son ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 20 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

11157

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY in this place 6 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CECILIA (Middle) ANN (Last) GORRELL
4. DATE OF DEATH: (Month) 11 (Day) 26 (Year) 1950
5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 10-24-1884
9. AGE last birthday 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) North East Md.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME John Moore
14. MOTHER'S MAIDEN NAME Katie Steiveal
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Laurence Simmons

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar Pneumonia & Uremia — INTERVAL BETWEEN ONSET AND DEATH

490X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

108

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Dr R Le Doctor D M E — Rising Sun Md — 11/26-50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11-29-50 | NAME OF CEMETERY OR CREMATORY Methodist | LOCATION (City, town, or county) North East (State) Md

DATE REC'D BY LOCAL REG. Nov 28 | REGISTRAR'S SIGNATURE F R Frazer | 24. FUNERAL DIRECTOR Joseph R Lewis | ADDRESS North East Md

RECEIVED
DEC 1 1950
U.S. BUREAU

Evidence for addition in 21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11158

CERTIFICATE OF DEATH

FILM No. G 12 NOV 16 1950

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY CECIL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point,
LENGTH OF STAY (in this place) 5mos. 25days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE
STREET ADDRESS (If rural, give location) 112 W. UNIVERSITY PARKWAY ✓

3. NAME OF DECEASED (Type or Print) (First) EUGENE (Middle) V. (Last) HOFFMAN
4. DATE OF DEATH (Month) November (Day) 5 (Year) 1950

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 1-18-1876
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME UNKNOWN
14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) S.A.W.
16. SOCIAL SECURITY No. 217-14-1164
17. INFORMANT AND ADDRESS Hospital Records, Veterans Administration Hospital, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) 1. Bronchopneumonia	Unknown
	2. Uremia due to	4 days
442x Antecedent cause(s)	3. Nephrosclerosis	2 weeks
1860 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) 4. Cirrhosis of the liver	
	5. Fracture, left hip - did not cause the death. (c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Manic depressive psychosis, depressive type

19a. DATE OF OPERATION 9-27-50
19b. MAJOR FINDINGS OF OPERATION Insertion of Peterson nail for fracture left hip.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Acc. (Contrib)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) USVA Hospital
(CITY OR TOWN) Perry Point (COUNTY) Cecil (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) September 17, 1950 12.45am
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Staggered & fell to floor getting to feet from a low bed (11-15-50)

22. I hereby certify that VA attended the deceased from May 11, 1950, to Nov. 5th, 1950, ~~that I last saw the deceased alive~~, and that death occurred at 3:40 AM m., from the causes and on the date stated above.

SIGNATURE E. P. BRANNON, M.D. (Degree or title) ADDRESS Chief, Professional Services, VAH, Perry Point, Md. DATE SIGNED 11-6-50

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL
DATE THEREOF 11-6-50
NAME OF CEMETERY OR CREMATORY Unknown
LOCATION (City, town, or county) (State) Unknown

DATE REC'D BY LOCAL REG. Nov. 6, 1950
REGISTRAR'S SIGNATURE Ida M. Daugherty Act Reg.
24. FUNERAL DIRECTOR H.W. JENKINS & SON'S CO., ADDRESS 4905 York Road, Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 I

RECEIVED
NOV 8 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11159

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rising Sun Rural LENGTH OF STAY (in this place) 54 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rising Sun Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) ALEXANDER (Last) Hutchens
4. DATE OF DEATH (Month) 11 (Day) 3 (Year) 1950
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 5-20-1875
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.
10b. KIND OF BUSINESS OR INDUSTRY Owner Farming
11. BIRTHPLACE (State or foreign country) Newport Va.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME William Hutchens
14. MOTHER'S MAIDEN NAME Sarah Margaret Lucas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Thomas Hutchens

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Chronic Myocarditis

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R C Dodson (Degree or title) M.D. D.M.E. ADDRESS Rising Sun Md. DATE SIGNED 11-4-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Nov 7, 1950 NAME OF CEMETERY OR CREMATORY Brookview LOCATION (City, town, or county) Rising Sun (State) Md.
DATE REC'D BY LOCAL REG. 11/6/1950 REGISTRAR'S SIGNATURE L.M. Worthington 24. FUNERAL DIRECTOR J. E. Tyson ADDRESS Rising Sun Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 7 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11160

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Principio Furnace — LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Principio Furnace, Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Absolam (Middle) Eli (Last) Jackson

4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Married	3-16-1889	61 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Gen. Building	Maryland	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Eli C Jackson	Mary Belle Whitelock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No			Eva M. Jackson, Principio Furnace, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — 4 days

Antecedent cause(s)

420.1 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular Disease — 1 yrs

93d (c) Hypertension — 1 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/15, 1950, to 11/19, 1950, that I last saw the deceased alive on 11/19, 1950, and that death occurred at 8:30 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles J. Foley M.D.		400 S Union Ave Havre de Grace Md	11/21/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-22-1950	Principio	Principio Furnace, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 21, 1950	Ida M Daugherty act Reg.	Lee A. Patterson & Son	Perryville, Md.

308 V9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 24 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

11161

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: CECIL; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point, Md.; LENGTH OF STAY (in this place): 1 Mo. 10 das; HOSPITAL OR INSTITUTION OR STREET ADDRESS: VAH, Perry Point, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: —; COUNTY: —; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.; STREET ADDRESS (If rural, give location): 1333 Vee Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) ALPHONZO (Middle) (Last) JOHNSON

4. DATE OF DEATH: (Month) 11 (Day) 9 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-27-94

9. AGE last birthday: 56 yrs. If under 1 year: Months 4, Days 12, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT AND ADDRESS: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hepatic insufficiency	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinomatosis, metastatic due to	
	(c) Neuroblastoma, abdominal, exact site unknown	

199.1

55e

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. --

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --; PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --; (CITY OR TOWN): —; (COUNTY); (STATE)

TIME OF INJURY: (Month) -- (Day) -- (Year) -- (Hour) VA m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from 9-29, 1950, to 11-9, 1950, ~~[illegible]~~ alive on ~~[illegible]~~, and that death occurred at 11:10 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: E.P.BRANNON,M.D.,Chief,Professional Services,VA Hospital,Perry Point,Md. DATE SIGNED: 11/10/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal; DATE THEREOF: 11-13-50; NAME OF CEMETERY OR CREMATORY: Arlington Nat'l Cemetery; LOCATION (City, town, or county) (State): Fort Myer, Virginia

DATE REC'D BY LOCAL REG.: Nov. 13 1950; REGISTRAR'S SIGNATURE: Ida M. Dougherty Act Reg.

24. FUNERAL DIRECTOR ADDRESS: [signature] PENNINGTON & SON, Havre de Grace, Md.

9664

RECEIVED
NOV 15 1950
BUREAU P. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11162

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 7 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Mae (Middle) (Last) Johnson				4. DATE OF DEATH (Month) Nov. (Day) 5 (Year) 1950	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH May 1 1881	9. AGE last birthday 69 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Telephone		10b. KIND OF BUSINESS OR INDUSTRY Operator	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Charles Johnson			14. MOTHER'S MAIDEN NAME Eliza Chandlee		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mrs. Mildred Reed 10 La Barre ave Trenton N.J.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of biliary apparatus

155 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

46 f (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 30, 1950, to Nov. 5, 1950, that I last saw the deceased alive on Nov 5, 1950, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Milford F. Sprecher MD		Elkton, Md	Nov. 6, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Nov. 8, 1950	NAME OF CEMETERY OR CREMATORY Rosebank Cem.	LOCATION (City, town, or county) (State) Near Rising Sun, Md.
DATE REC'D BY LOCAL REG. Nov 6	REGISTRAR'S SIGNATURE L R Frazer	24. FUNERAL DIRECTOR J. E. Tyson Rising Sun, Md.	ADDRESS

24255

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 8 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

11163

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East; MARYLAND; LENGTH OF STAY (in this place): Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East; STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): (First) John (Middle) F. (Last) McCall

4. DATE OF DEATH: (Month) 11 (Day) 29 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12 12 1882

9. AGE last birthday: 67 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: rentor

11. BIRTHPLACE (State or foreign country): North East, Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lewis G. McCall

14. MOTHER'S MAIDEN NAME: Caroline Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Reba McCall North East, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy (R.) — Interval Between Onset and Death: 3 days

334X Antecedent cause(s) 83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 Nov., 1950, to 29 Nov., 1950, that I last saw the deceased alive on 28 Nov., 1950, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wallace H. Sadowsky MD Perryville, Md 11/29/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 12- 3-1950

NAME OF CEMETERY OR CREMATORY: Methodist

LOCATION (City, town, or county) (State): North East Md

DATE REC'D BY LOCAL REG.: 11-3-1950

REGISTRAR'S SIGNATURE: Sarah E. Rothermel

24. FUNERAL DIRECTOR: Joseph R. Grant ADDRESS: North East, Maryland

VS. A15

RECEIVED
DEC 6 1950

MARYLAND STATE DEPARTMENT OF HEALTH

11164

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural. — LENGTH OF STAY (In this place) Lifetime — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton RD 3. — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LEWIS	(LOUIS)	McCONNELL.	11	2	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	White	Married	3-22-1905	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Powder mixer	Powder Md.	Pleasant Hill Md	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Percy McConnell	Sarah Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	217-01-1139	Chas. McConnell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Second and third degree burn entire body.	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

919.3
1952

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Factory	North East	Cecil	Md

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☒	Not while at work ☐	HOW DID INJURY OCCUR?
11	2	50	6.40 a.m.			Powder blast in mixing shed

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr R le Dodson, DME		Rising Sun Md	11-4-50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-4-1950	Unison	Elkton RD 3	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11-4-1950	Sarah E. Rothermel	Joseph R. Grant	North East Md

49619

RECEIVED
NOV 7 1950
BUREAU V. S

RECEIVED
NOV 7 1950
BUREAU V. S

11165

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perry Point
LENGTH OF STAY (in this place) 1 yr. 7 mos. 22 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Delaware COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural, give location) 1016 West Tenth Street

3. NAME OF DECEASED (Type or Print) (First) DARRELL (Middle) E. (Last) NASH

4. DATE OF DEATH (Month) November (Day) 1, (Year) 1950

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Mar. 25, 1920

9. AGE last birthday 30 yrs. If under 1 year Months 7 Days 6 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown

10b. KIND OF BUSINESS OR INDUSTRY --

11. BIRTHPLACE (State or foreign country) Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT AND ADDRESS Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchial pneumonia, bilateral — 2 weeks

571.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Acute gastro enteritis

107

(c) Myoclonic epilepsy

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION --

19b. MAJOR FINDINGS OF OPERATION --

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -- (CITY OR TOWN) -- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) -- m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? --

22. I hereby certify that I VA attended the deceased from March 9, 1950, to Nov. 1, 1950, ~~that I last saw the deceased alive on [illegible] 19xxx~~ and that death occurred at 10:10 AMm., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

E. P. Brannon, M.D., Chief, Professional Services, VA Hospital, Perry Point, Md. 11-2-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal — DATE THEREOF 11-3-50 — NAME OF CEMETERY OR CREMATORY Arlington National Cemetery — LOCATION (City, town, or county) (State) Fort Myer, Va.

DATE REC'D BY LOCAL REG. Nov. 3, 1950 — REGISTRAR'S SIGNATURE Ida M. Daugherty act Reg

24. FUNERAL DIRECTOR Pennington & Son — ADDRESS PENNINGTON & SON, Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV -6 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

11166

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville — LENGTH OF STAY (In this place) 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Perryville Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Lydia (Middle) (Last) Fuller
4. DATE OF DEATH: (Month) 11 (Day) 15 (Year) 1950
5. SEX F. | 6. COLOR OR RACE Col. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH about 1885 | 9. AGE last birthday 65 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Mt. Pleasant, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Robinson
14. MOTHER'S MAIDEN NAME Emma Goldsbury.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Lloyd Fuller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary disease

260X Antecedent cause(s) 61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) diabetes & Candida Cystitis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Dr R le Dodson D M E Rising Sun Md. 11-15-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Nov 18-1950 — NAME OF CEMETERY OR CREMATORY Dale Cemetery — LOCATION (City, town, or county) (State) Rising Sun Md

DATE REC'D BY LOCAL REG. 11/20/50 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS
Edward Delbour Millington Md.

NOV 20 1950

MARYLAND STATE DEPARTMENT OF HEALTH

11167

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 9V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (In this place) Born
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Newark Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
KENNETH.	ROBERT EUGENE	TRIMBLE	11	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White	Single	7-10-1950	4 mo yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child		Wilmington Del.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry Trimble	Dorthy Grimsey.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mrs Dotty Grimsey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Malnutrition

772.5 / 159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) when born weighed 3 lbs 3 oz.

(c) 7½ months gestation

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dale Dodson M.D.		Rising Sun Md.	11-17-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	11-18-50	Pilgrim Memorial Park	Near Elkton	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 17	F R Singer	W. W. Pippin & Son	Elkton Md

VS. A15A

9V 7100 9V 1950

RECEIVED
NOV 20 1950
BUREAU V. R.

MARYLAND STATE DEPARTMENT OF HEALTH

11168

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY: Cecil; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (In this place): 10 mos 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1422 Homestead Street

3. NAME OF DECEASED (Type or Print): (First) ALEXANDER (Middle) F. (Last) WESLEY, Jr.

4. DATE OF DEATH: (Month) November (Day) 27 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1-5-22

9. AGE last birthday: 28 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander F. Wesley, Sr.

14. MOTHER'S MAIDEN NAME: Helen Carter Seitz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
976 X Immediate cause	(a) Through and through bullet wound of head. Entering back of right ear and coming out near junction of occipital and Parietal bones of left side posteriorly	5 minutes
164C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Manic depressive

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: VA Reservation
(CITY OR TOWN): VAH, Perry Point (COUNTY): Cecil (STATE): Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour): 11-27-50 10:30PM
INJURY OCCURRED While at work ☐ Not while at work X
HOW DID INJURY OCCUR? Self-inflected bullet wound

22. *I certify that I took charge of the remains described above, held an Autopsy* X, *Inspection* X *Inquiry* X *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* X, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title): Dr. R. E. Dodson, M.D. M.E. ADDRESS: Rising Sun, Maryland DATE SIGNED: November 28, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE: 11-28-50
NAME OF CEMETERY OR CREMATORY, LOCATION (City, town, or county) (State): Baltimore National Cemetery, Baltimore, Md.

DATE REC'D BY LOCAL REG.: Nov. 28 1950
REGISTRAR'S SIGNATURE: Irene E. Daugherty

24. FUNERAL DIRECTOR: John F. McManus
ADDRESS: MRS. JOHN R. KENNY FUNERAL HOME, 5646 Carlyle Ave., Baltimore, Md.

VS. A15A

RECEIVED
NOV 30 1950
BUREAU OF

11169

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

1. PLACE OF DEATH — COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit — LENGTH OF STAY (In this place): 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Port Deposit.
STREET ADDRESS (If rural, give location): Main St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Rev. Dr. Thomas Whyte
4. DATE OF DEATH (Month) (Day) (Year): 11 20 1950
5. SEX: M.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: about 1888 no information
9. AGE last birthday: 62? yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Prest. Minister
10b. KIND OF BUSINESS OR INDUSTRY: Minister of Gospel
11. BIRTHPLACE (State or foreign country): Ireland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas Whyte
14. MOTHER'S MAIDEN NAME: Margaret Gregg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Maude Lusty

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary disease

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R C Dodson, MD DME (Degree or title) — ADDRESS: Rising Sun Md. — DATE SIGNED: 11-24-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11-25-1950 — NAME OF CEMETERY OR CREMATORY: West Nottingham — LOCATION (City, town, or county) (State): Colora, Md.

DATE REC'D BY LOCAL REG.: Nov. 24, 1950 — REGISTRAR'S SIGNATURE: Irene E. Dougherty.

24. FUNERAL DIRECTOR — ADDRESS: Lee A. Patterson & Son. Perryville, Md.

10894

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
NOV 28 1950
BUREAU OF S